



WASHINGTON STATE GAMBLING COMMISSION
LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631
TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

CLASS III TRANSFER / ADD EMPLOYER, AND / OR CARD ROOM EMPLOYEE UPGRADE

* * IMPORTANT READ BACK PAGE * *

(Mark ☒ appropriate boxes.)

TYPE OF APPLICATION

- | | |
|--|----------------------|
| <input type="checkbox"/> Transfer – Tribal Employer (69) to a Licensed Card Room (68) or
Licensed Card Room (68) to Tribal Employer (69) | FEE: \$ 57.00 |
| <input type="checkbox"/> Transfer – Tribal Employer (69) to Tribal Employer (69) | FEE: \$ 57.00 |
| <input type="checkbox"/> Upgrading – Class A to Class B Card Room Employee (Requires Fingerprint cards) | FEE: \$ 57.00 |

1. Name of Applicant: _____
Last Name

First Name

MI
- Social Security Number: _____
- Address: _____

City State Zip

County Telephone
2. Current or Previous Employer: _____
Name

City Telephone
3. New Employer: _____
Name

City Telephone
4. First Day of Work: _____/_____/_____
Applicant License #: _____
5. Since your last application, have you been charged with a crime, paid a fine, been arrested, jailed, convicted, gone through diversion or placed on probation?
☐ Yes ☐ No **If yes, please attach a statement of explanation.**

OATH OF APPLICANT (Tribal Members/Native Americans please also sign waiver on back)

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided in this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for denial of an initial application or revocation of any gambling licenses currently held and will be disclosed to my employer. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my license. I further understand that if any criminal or civil actions are filed against me (except as declared in **Section 5** above), I must inform the commission and my employer. See WACs 230-04-022, 230-12-305, and 230-12-310. I will read the training document provided by my card room employer within thirty days from my first date of employment and keep myself current of all rules and regulations.

Signature: _____ Date: _____/_____/_____
First, Middle, Last

Business Office Use Only:

Code: 211-____ Date: ____/____/____ Amt: \$____.00 Val #: _____

EMPLOYER AUTHORIZATION

I hereby authorize the applicant to submit this application. The applicant has been accepted for employment. For employment as a Class III Tribal gaming employee, request the issuance of tribal certification. For employment as a Card Room Employee, I will provide training and ensure that this employee is provided with a copy of the training packet within the first thirty days of employment.

Signature of Employer: _____
First, Middle, Last

Print Name:

Last: |_____|

First: |_____| MI: |_____|

Title: |_____|

ORG #: 00-|_____|

WAIVER FOR TRIBAL MEMBERS / NATIVE AMERICANS ONLY

I agree to submit to state certification to the extent necessary to determine qualification to hold such certification, including all necessary administrative procedures, hearings and appeals pursuant to RCW 9.46, WAC 230-50, and the State Administrative Procedures Act, RCW 34.05. I further waive any immunity, defense, or other objection that I might have in allowing the Washington State Gambling Commission to exercise their authority pursuant to the provisions of the Tribal-State Compact for Class III Gaming.

Signature of Tribal Member/

Native American: _____ Date: |_____|/|_____|/|_____|
First, Middle, Last

WHO MAY USE THIS FORM:

Only Class III Gaming Employees and Licensed Public Card Room Employees with ACTIVE certifications or licenses may use this form. If your certification or license has expired do not use this form, call the Agency.

- A. Class III gaming employees, use this form when you change employment from one tribal employer to another tribal employer, or from a tribal employer to a licensed card room employer.
- B. Licensed card room employees, use this form to transfer from a licensed card room employer to a Tribal gaming employer.
- C. License upgrades: licensed card room employees, use this form to upgrade from a Class A to a Class B card room employee.
- D. If you will be working at a Class III facility **and** a Licensed Card Room, you must hold both a certificate and a license.
- E. If you cease employment at either site, you must surrender either the certificate or license, whichever is applicable.
- F. Tribal Gaming Employees: This application must be signed by your new employer and submitted to the Gambling Commission *at least five (5) days prior* to your date of new employment.
- G. Licenses and / or Certifications provided as a result of this transfer application are not effective until officially issued by the Gambling Commission.

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to RCW 42.17, the Public Records Act, and other Washington laws. The Commission, per WAC 230-04-020 (4) may disclose, to the public, or discuss, at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.17.330.